## **BACKFLOW DEVICES APPLICATION**



Department of Community Development Building Safety Division One City Plaza, Yuma, Arizona 85364 PHONE: (928) 373-5163 or (928) 373-5165

EMAIL: <a href="mailto:permits@yumaaz.gov">permits@yumaaz.gov</a>

| For Office Use Only |  |  |  |  |  |
|---------------------|--|--|--|--|--|
| Permit #            |  |  |  |  |  |
| PPR#                |  |  |  |  |  |
| W/S #               |  |  |  |  |  |

This permit is eligible for Online Application. Select Commercial or Residential Plumbing / Alteration ~ Repair <a href="https://secure.yumaaz.gov/CitizenAccess/CitizenAccessSite/Public/Main">https://secure.yumaaz.gov/CitizenAccess/CitizenAccessSite/Public/Main</a>

This application is not for new construction.

<u>PUBLIC RECORDS</u> - This application and any document supplied as part of this application is considered a public record and may be disclosed pursuant to A.R.S. § 39-121 or displayed electronically by the City of Yuma.

|    | Job Address:                                                                                                                                                                                        |                                    |                                  | Lot/Suite#:         |          |  |  |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------|---------------------|----------|--|--|
|    |                                                                                                                                                                                                     | Residential                        | Commercial                       |                     |          |  |  |
|    | Property Owner:                                                                                                                                                                                     |                                    |                                  | Phone (B):          |          |  |  |
|    | Address:                                                                                                                                                                                            |                                    |                                  | Phone (C):          |          |  |  |
|    | City/State/Zip:                                                                                                                                                                                     |                                    |                                  | E-mail:             |          |  |  |
|    | Contractor:                                                                                                                                                                                         |                                    |                                  | Phone (B):          |          |  |  |
| С  | ontractor Address:                                                                                                                                                                                  |                                    |                                  | Phone (C):          |          |  |  |
|    | City/State/Zip:                                                                                                                                                                                     |                                    |                                  | E-mail:             |          |  |  |
| 1  | Please describe the                                                                                                                                                                                 | use of the facility or building be | ing protected (residential/comme | rcial - type of bus | siness): |  |  |
| 2  | 2 List all special hazards or uses in the building that may require the installation of back flow device:                                                                                           |                                    |                                  |                     |          |  |  |
| 3  | List the type of back flow device proposed to be installed to protect the potability of the water supply:  A. TYPE:  B. SIZE:                                                                       |                                    |                                  |                     |          |  |  |
| 4  | Provide a cage or other barrier that will protect the device from physical damage. (specify type of protection)                                                                                     |                                    |                                  |                     |          |  |  |
| 5  | All working clearances shall be provided in accordance with the Manual of Cross connection Control, 8th Edition:  Side Bottom Height                                                                |                                    |                                  |                     |          |  |  |
| 6  | Provisions shall be taken to minimize the effects of thermal expansion created by the installation of the back flow device.  List TYPE:                                                             |                                    |                                  |                     |          |  |  |
| 7  | All piping shall be approved material.                                                                                                                                                              |                                    |                                  |                     |          |  |  |
| 8  | The device shall be installed so as to be accessible for maintenance, testing, repairs. Unions or other approved fitting shall be used. Installation shall meet applicable City Standards/Details.  |                                    |                                  |                     |          |  |  |
| 9  | If the back flow protection device is remotely located from the water meter, you must identify and eliminate all unprotected connections and tops between the water meter and the back flow device. |                                    |                                  |                     |          |  |  |
| 10 | Identify the proposed location of the device in relationship to the water meter. Use diagram below.                                                                                                 |                                    |                                  |                     |          |  |  |

| BACKFLOW DEVICES APPLICATION                             |                       |  |  |  |  |
|----------------------------------------------------------|-----------------------|--|--|--|--|
|                                                          | Building or Structure |  |  |  |  |
| = Shut Off Valve//= Back Flow Assembly (M) = Water Meter | STREET NAME:          |  |  |  |  |

Applications for which no permit is issued within 180 days following the date of this application shall be expired by limitation, and plans and other data submitted for review may thereafter be returned to the applicant or destroyed by the building official.

<u>Waiver</u>: Applicant and its employees, agents, contractors, and officers (collectively "Applicant") agree that Applicant assumes any and all risk arising from any work resulting from the City of Yuma's issuance of this permit. Applicant also hereby waives any and all claims against the City of Yuma, and its employees, departments, agencies, agents, officials, officers, and directors for any damages, liabilities, injuries or loss that arise from Applicant's work.

<u>Authorization</u>: If Applicant does not own the property on which the permitted work will occur, Applicant hereby warrants and certifies that the property owner has authorized Applicant to access the owner's property and perform the permitted work on the owner's property.

Indemnification: To the fullest extent allowable by law, Applicant agrees to indemnify, defend, and hold harmless the City of Yuma, and its departments, agencies, agents, officials, officers, directors, employees, and volunteers (collectively "City") for, from and against any and all claims, liabilities, demands, damages, losses, and expenses, including attorneys' fees and litigation expenses, to which the City may become subject, under any theory of liability whatsoever, (collectively "Claims") whether real or asserted, resulting from and/or arising out of Applicant's intentional, reckless, or negligent acts, directives, mistakes, errors, or omissions in performance or non-performance of any work authorized under the provisions of any resulting permit(s). This indemnification provision shall apply to any and all any intentional, reckless, or negligent acts, mistakes, directives, errors, or omissions of Applicant's departments, agencies, directors, officers, employees, volunteers, contractors, sub-contractors, and independent contractors, whether employed directly or indirectly by Applicant.

| Signature of Owner/Agent:    | Date: |  |
|------------------------------|-------|--|
| Printed Name of Owner/Agent: | Date: |  |

Inspections can be requested online at <a href="https://secure.yumaaz.gov/CitizenAccess/CitizenAccessSite/Public/Main">https://secure.yumaaz.gov/CitizenAccess/CitizenAccessSite/Public/Main</a>, by calling (928)373-4536, or by emailing coypretreatment@yumaaz.gov. You will need to provide your permit number so be sure to have it handy. Requests for next day inspections must be received before 3pm. Excludes Holidays and Weekends.